

NEVADA DIVISION OF ENVIRONMENTAL PROTECTION

**Notice of Change (NOC) of Coverage under the General Permit for Stormwater Discharges Associated with Industrial Activity**

Submission of this NOC constitutes notice that only the holder of the original permit holder has changed and that the new permit holder will comply with the General Permit conditions as defined in the applicable Stormwater General Permit under Nevada's NPDES program. This form and other information are available at: <http://www.ndep.nv.gov/bwpc/storm01.htm>.

Any questions should be directed to the address below or to Cliff Lawson at (775) 687-9429, or [clawson@ndep.nv.gov](mailto:clawson@ndep.nv.gov)

Submit form: Stormwater Coordinator 3173  
Bureau of Water Pollution Control  
Nevada Division of Environmental Protection  
333 W Nye Lane  
Carson City NV 89706

---

**SECTION 1 - PERMIT INFORMATION**

Check the applicable NPDES Stormwater General Permit and provide the Five-Digit Permit ID#

<input type="checkbox"/> NVR100000 - _____	<input type="checkbox"/> NVR300000 - _____
<input type="checkbox"/> NVR050000 - _____	<input type="checkbox"/> GNV0022233 - _____

Date of New Permittee Transfer \_\_\_\_\_

**SECTION 2 - ORIGINAL PERMITTEE INFORMATION**

Facility / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

I certify under penalty of law that I am no longer the owner / operator of the permitted facility or operation defined in Section 2 of this notification. ***I understand that by submitting this NOC and upon acceptance and signature of this form by the New Permittee***, I am no longer authorized to discharge storm water associated with industrial activity under this general permit, and that discharging pollutants in storm water associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this NOC does not release an operator from liability for any violations of this permit or the Clean Water Act.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IN ORDER TO OBTAIN AUTHORIZATION, ALL INFORMATION REQUESTED MUST BE INCLUDED ON THIS FORM.**

**Storm Water Pollution Prevention Plans (SWPPPs) must be completed prior to submission of this Notice of Intent, must remain on the project site and be updated as necessary during the duration of the project.**

**DO NOT SUBMIT THE SWPPP WITH THIS APPLICATION FOR APPROVAL**

**Description of Area Tansfered**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

County: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**DO NOT USE TOWNSHIP, RANGE & SECTION**

Name of Receiving Water: \_\_\_\_\_

Estimated Construction Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Estimate of area to be disturbed (to nearest acre): \_\_\_\_\_

Estimate of Likelihood of Discharge:

Unlikely: ☐ Once per month: ☐ Once per week: ☐ Once per day: ☐ Continual: ☐

Address of location of SWPPP for viewing (check one of the following)

Address in Section I above; or  
Other if different:

SWPPP Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**SECTION 3 – NEW FACILITY INFORMATION (NEW PERMITTEE)**

Facility / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**SECTION 4 – NEW OWNER / OPERATOR INFORMATION**

Is this information the same as Facility Information?      Yes ☐      No ☐

If yes, go to the next section.

Facility / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**SECTION 5 – NEW BILLING INFORMATION**

Send annual invoicing / billing information for this permit to:

- ☐ Section 3 - New Facility Information (New Permittee)  
☐ Section 4 - New Owner / Operator Information

**SECTION 6 - LEGAL STATUS OF NEW OWNER/OPERATOR**

Federal: ☐      State: ☐      Public (other than federal or state): ☐      Private: ☐

**SECTION 7 - ADDITIONAL INFORMATION (OPTIONAL)**

CC Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

CC Contact Name: \_\_\_\_\_

CC Contact Phone: \_\_\_\_\_

**SECTION 8 - CERTIFICATION**

I certify under penalty of law that the information contained in Sections 3 through 8 of this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_